

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

032

Primary Registration District No.

Registrar's No.

38018008

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>SCOPUS</u>		c. CITY OR TOWN <u>Scopus</u>	
Length of stay in 1b <u>15yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mi North Scopus</u>		d. STREET ADDRESS (If outside, give location) <u>RURAL</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Beatris</u> Middle <u>Everett</u> Last <u>Poe</u>		4. DATE OF DEATH Month <u>APRIL</u> Day <u>18</u> Year <u>1964</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 18 1906</u>
9. AGE (last birthday) <u>57</u>		10. BIRTHPLACE (City and state or country) <u>MO</u>	
11. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CRANE OPERATOR</u>		12b. KIND OF BUSINESS OR INDUSTRY <u>SAND + GRAVEL CO</u>	
13a. FATHER'S NAME <u>Robert Poe</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA Chronister</u>	
14. NAME OF HUSBAND OR WIFE <u>EULA Scott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT <u>Eula Poe Scopus, MO</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe Pulmonary emphysema + Cor pulmonale</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>6/17/62</u> to <u>7/18/64</u> and last saw <u>her</u> alive on <u>7/18/64</u> Death occurred at <u>1:15</u> P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J.E. Hecker</u>		22b. ADDRESS <u>Jackson Mo.</u>	
(Degree or title) <u>MD.</u>		22c. DATE SIGNED <u>4/23/64</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-21-64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>COOK Cem.</u>	
23d. LOCATION (City, town, or county) <u>SCOPUS MO</u>			
24. FUNERAL DIRECTOR <u>Gene Ward</u>		25. DATE RECD. BY LOCAL REG. <u>5/20/64</u>	
26. REGISTRAR'S SIGNATURE <u>Mr Buford Crader</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 26 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Kenneth Wiley

Licensed Embalmer No. 5086

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.